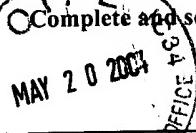


PART B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

7590 02/26/2004

Hodgson Russ LLP
Intellectual Property Law Group
One M & T Plaza
Suite 2000
Buffalo, NY 14203-2391

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission
I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Barbara Haggerty	(Depositor's name)
<i>Barbara Haggerty</i>	
May 18, 2004	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/931,138	08/16/2001	Charilaos Dalkidis	LNUP:103_US_	3551

TITLE OF INVENTION: APPARATUS FOR TREATING OBJECTS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	05/26/2004
EXAMINER	ART UNIT		CLASS-SUBCLASS		
GORDON, BRIAN R	1743		422-068100		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. **Use of a Customer Number is required.**

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Leica Microsystems Nussloch GmbH

Nussloch, Germany

Please check the appropriate assignee category or categories (will not be printed on the patent): individual corporation or other private group entity government

4a. The following fee(s) are enclosed:

- Issue Fee
 Publication Fee
 Advance Order - # of Copies 10

4b. Payment of Fee(s):

- A check in the amount of the fee(s) is enclosed.
 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)  (Date) 05/18/2004

George L. Snyder, Jr., Reg. #37,729

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

05/21/2004 MAHMED2 00000162 09931138

01 FC:1501	1330.00 OP
02 FC:1504	300.00 OP
03 FC:8001	30.00 OP

TRANSMIT THIS FORM WITH FEE(S)



Approved for use through 07/31/2006, OMB 0651-0032

**FEES TRANSMITTAL
for FY 2004**

Effective 01/01/2003. Patent Fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27.

Application Number	09/931,138
Filing Date	08/16/2001
First Named Inventor	Charilaos Dalkidis et al.
Examiner Name	Brian R. Gordon
Group/Art Unit	1743

TOTAL AMOUNT OF PAYMENT

(\$1,660.00)

Attorney Docket Number 37105.0029

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)								
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES								
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 08-2442 Deposit Account Name: Hodgson Russ LLP The Director is hereby authorized to (check all that apply)		Large Entity	Small Entity							
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge any fee deficiencies or credit any overpayments <input type="checkbox"/> Charge any additional fees during pendency of this application. <input type="checkbox"/> Charge fees indicated below, except for the filing fee to the above-identified deposit account		Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description				
		1051	130	2051	65	Surcharge - late filing fee or oath				
		1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet				
		1053	130	1053	130	Non-English specification				
FEE CALCULATION		1812	2,520	1812	2,520	For filing a request for ex parte reexamination				
1. BASIC FILING FEE		1804	920*	1804	920*	Requesting Publication of SIR prior to Examiner Action				
Large Entity Small Entity Fee Code (\$) Fee Paid		1805	1,840*	1805	1,840*	Requesting Publication of SIR after Examiner Action				
1001	770	2001	385	Utility filing fee	\$	1251	110	2251	55	Extension for reply within first month
1002	340	2002	170	Design filing fee	\$	1252	420	2252	210	Extension for reply within second month
1003	530	2003	265	Plant filing fee	\$	1253	950	2253	475	Extension for reply within third month
1004	770	2004	385	Reissue filing fee	\$	1254	1,480	2254	740	Extension for reply within fourth month
1005	160	2005	80	Provisional filing fee	\$	1255	2,010	2255	1,005	Extension for reply within fifth month
SUBTOTAL (1)		\$0	1401	330	2401	165	Notice of Appeal			
2. EXTRA CLAIM FEES FOR UTILITY/ REISSUE		Fee Paid	1402	330	2402	165	Filing a brief in support of an appeal			
Extra Fee from Claims below Total Claims / / - 20** = / 0 / x / 18 / =		\$	1403	290	2403	145	Request for oral hearing			
Independent Claims / / - 3** = / 0 / x / 86 / =		\$	1451	1,510	1451	1,510	Petition to institute a public use proceeding			
Multiple dependent / / x / / =		\$	1452	110	2452	55	Petition to revive - unavoidable			
Large Entity Small Entity Fee Code (\$) Fee Paid		1453	1,330	2453	665	Petition to revive - unintentional				
		1501	1,330	2501	665	10 advance copies Utility issue fee (or reissue)				
1202	18	2202	9	Claims in excess of 20	\$	1502	480	2502	240	Design issue fee
1201	86	2201	43	Independent claims in excess of 3	\$	1503	640	2503	320	Plant issue fee
1203	290	2203	145	Multiple dependent claim if not paid	\$	1460	130	1460	130	Petitions to the Commissioner
1204	86	2204	43	**Reissue independent claims over original patent	\$	1807	50	1807	50	Processing fee under 37 CFR 1.17(q)
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent	\$	1806	180	1806	180	Submission of Information Disclosure Statement
SUBTOTAL (2)		\$0	8021	40	8021	40	Recording each patent assignment per property (times number of properties)			
SUBMITTED BY: George L. Snyder, Jr.		Reg. No. 37,729	1809	770	2809	385	Filing a submission after final rejection(37 CFR 1.129(a))			
SIGNATURE			1810	770	2810	385	For each add'l invention to be examined(37 CFR 1.129(b))			
DATE: May 18, 2004 Telephone: (716) 848-1545			1801	770	2801	385	Request For Continued Examination (RCE)			
			1802	900	1802	900	Request for Expedited Examination of a design application			
		Other fee (specify)	Publication Fee				\$300			
		*Reduced by basic filing fee paid					SUBTOTAL (3)	\$1660		

I hereby Certify that this Correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, on May 18, 2004.

Barbara Haggerty
Name

Signature

May 18, 2004
Date of Signature

BFLODOCS: 927302